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Dear Physician:

For a custom AFO (ankle-foot-orthosis) to be covered by Medicare and many other insurance plans, the physician's chart note must include a physical evaluation of the patient that addresses the following bullet points.

Please fax the compliant chart notes to our office once the evaluation is complete.

The physician must document and discuss the following:

1. Patient is ambulatory; **and**
2. Patient has a weakness or deformity of the foot and ankle; **and**
3. Patient requires stabilization of the foot and ankle for medical reasons; **and**
4. Patient has the potential to benefit functionally from the use of an AFO; **and**
5. Why a prefabricated device will not work; **and**
6. Why a custom device is medically necessary.

\*\*The physician must also document and discuss at least one of the following:

- a. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); **or**,
- b. There is a need to control the knee, ankle, or foot in more than one plane: **or**,
- c. The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; **or**,
- d. The beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.